CDC/ATSDR Tribal Consultation Advisory Committee Meeting
Executive Meeting Summary
January 30-January 31, 2007 (Albuquerque, New Mexico)

Welcome & Opening Comments – Co-Chairman Keel opened the meeting and welcomed the group to Albuquerque. Co-Chairwoman Holt offered a morning prayer. Chairman Keel asked the Albuquerque representative, Mr. Freddie, to give some welcoming remarks; he also asked Ms. Bohlen, NIHB Executive Director, to give an update of the recent NIHB Board meeting.

Ms. Bohlen gave a brief report of their annual board meeting. Ms. Sally Smith, representative from Alaska, was re-elected Chair and Ms. Barbara Bird, representative from California, was elected Vice-Chair. The Board received training, as there were a number of new board members. U. S. Senator Dorgan invited the NIHB board to meet with him to discuss priorities for reauthorizing the Indian Health Improvement Act. Sen. Dorgan expressed his interest in establishing emergency centers in all Indian Health Service (IHS) areas. NIHB asked that all the vacancies on the National Indian Steering Committee for the Indian Health Improvement Act be filled right away. NIHB passed a resolution asking for support for Title VI for tribal self-governance in the Indian Health Improvement Act.

Chairman Keel acknowledged that there are many needs in Indian country, and urged the group to focus attention on critical issues and work together. He then moved on to introductions.

Review and Approval of Meeting Minutes – The Committee was asked to review the charter, the meeting summary of October 9 & 10, 2006, and the meeting minutes of November 2 & 3, 2006. Mr. Amadeo Sheji made a motion to accept and approve these documents and Mr. Mickey Peercy seconded the motion. The motion passed unanimously.

TCAC Member Reports – TCAC members were asked to provide a brief report on emergent /high priority and/or non-emergent/ongoing public health issues in their respective areas at each TCAC meeting. The issues discussed include the following: 1) CDC funding funneled through states rather than directly to the tribes; 2) consultation with tribes should be reflected in practice and not just a matter of establishing policies; 3) the need for training AI/AN research & public health professionals to serve AI/AN populations; 4) importance of tribes interacting with states on an ongoing basis to assure resources and services filter down to them; 6) processes used by TCAC members to disseminate information from meetings to the health boards and constituent tribes in each area and how they engage area tribal leadership to use TCAC to help bring public health issues to CDC; 7) concerns about the limited staffing at CDC to address the concerns of tribes articulated by the TCAC and other tribal leaders at consultation sessions; 8) customized CDC orientation for TCAC and other tribal leaders and CDC's orientation to Indian country.

This discussion resulted in the following recommendations: 1) CDC needs a more strategic approach to get program announcements out to tribes and tribal organizations; 2) TCAC needs to send a formal letter to the CDC Director following each TCAC meeting so that she hears directly from tribal leadership about prioritized issues; 3) OD/OMHD needs to clarify the role of the CDC's Tribal Liaisons in a format that can be disseminated broadly to tribal entities; 4) In cases where CDC resources go to states (i.e. terrorism and preparedness), CDC should contact tribes directly to ask them what the state has done to involve them in doing what they stated in their application and work plan; 5) CDC should consider a tribal set-aside for grant funding; 6) TCAC

should establish a subcommittee for grants access to address how the grant application process can be more accommodating to tribes; 7) the NIHB will establish a website where more detailed information about CDC can be posted and a communication process developed that assists with information flow between tribal leaders and CDC; 8) CDC will develop an overall orientation to CDC for TCAC members and a process to have CDC become oriented to AI/AN tribes and Indian country; 9) CDC will develop a template for TCAC members to use in preparing a written area report that will be submitted to NIHB two weeks prior to TCAC meeting. TCAC members will highlight aspects from their written report at the beginning of each TCAC Meeting to inform other members and CDC of issues specific to tribes in their area.

Summary Recommendations - Chairman Keel referenced the Summary of Recommendations from the November TCAC meeting that was previously emailed to all TCAC members, unanimously approved today, and asked all members to carefully review it. Chairmen Keel felt that a lot of the comments and discussion from TCAC members fit very appropriately within the context of those recommendations. Several TCAC members felt it was a beneficial document for them to use with dissemination of information with other tribal leaders.

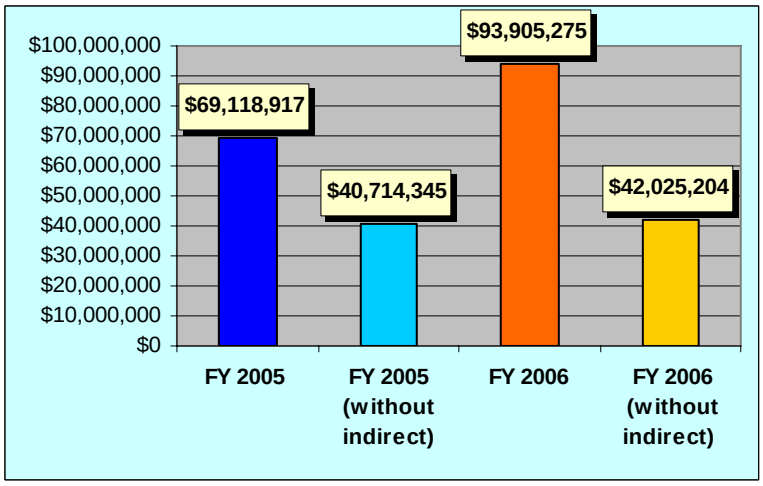
CDC Update – CAPT Mike Snesrud, Office of the Director/Office of Strategy and Innovation/Office of Minority Health and Health Disparities (OD/OSI/OMHD), reported on some of the activities that have been underway within CDC since the Summary of Recommendations was sent out to CDC leadership. Following the last TCAC Meeting, when the Deputy Director of the Procurement and Grants Office (PGO) had the opportunity to talk with TCAC, a meeting was set up to ensure that the policy personnel in the Technical Information Management Section (TIMS) of PGO were actually reviewing each program announcement to check for tribal eligibility. It seemed that there had been a break-down in assuring that this was consistently done. PGO has alerted the TIMS policy group so that every announcement is now appropriately reviewed. In addition, PGO has contacted HHS to discuss standardizing the tribal eligibility language across the Department. TCAC recommended that CDC consider in certain selected CDC programs they explore the possibility of designating a certain proportion of cooperative agreement funds as intended for tribal/tribal organization awardees only.

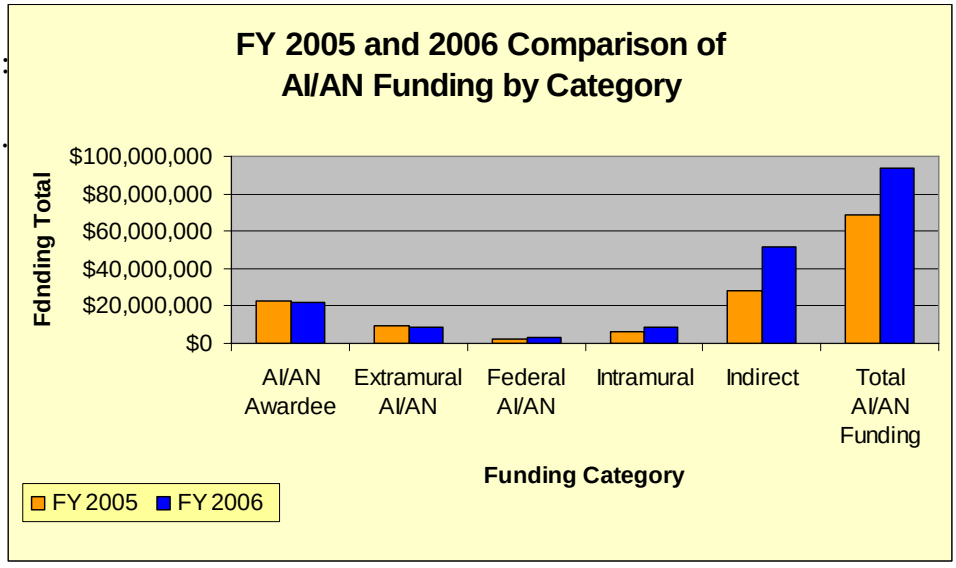
CDC leadership has been made aware of the Tribal Consultation Policy (TCP) and the role they play in its implementation. OMHD continues to contact various branches, divisions, and centers to offer assistance in educating and informing program staff about the policy and their specific responsibilities for implementation. Agency-wide progress is being made towards compliance and the plan for 2007 is to focus on three to five CDC centers that have significant programs and relevance to tribes. These will include the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER); the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP); the National Center for Preparedness, Detection, and Control of Infectious Disease (NCPDCID); and the National Center for Injury Prevention and Control (NCIPC).

CAPT Snesrud reported that OMHD has not identified a means for a formalized TCAC orientation to CDC. It was suggested that a directory of CDC and ATSDR services and resources be developed and sent out to all tribes, and that CDC consider producing an educational film clip that would include an overview of CDC's history, its domestic and international activities over the years, highlights of CDC's programs for tribal communities, and CDC's vision for improving public health in Indian country.

CDC 2006 Tribal Budget and Consultation Report – Dr. Ralph Bryan, OD/OSI/OMHD, discussed the CDC 2006 Annual Tribal Budget and Consultation Report. He provided an overview of the CDC Fiscal Year (FY) 2006 AI/AN Portfolio and highlighted the CDC resources allocated to address AI/AN public health within each Center and across the Agency. Each year OMHD works with FMO to collect this information in a systematic manner. He informed TCAC that the TCP includes performance measures to help monitor and enhance tribal access to CDC resources.

Budget allocation categories include five areas: 1) AI/AN Awardee: Grants or cooperative agreements to tribes, tribal health boards or coalitions, tribal organizations, Alaska Native organizations, urban health programs, or Tribal Colleges and Universities (TCUs); 2) Extramural AI/AN benefit: Other grants or cooperative agreements that primarily or substantially benefit AI/ANs but awardees are not tribal organizations; 3) Federal AI/AN benefit**:** Federal Intra-Agency Agreements where the purpose of the agreement is to primarily or substantially benefit AI/ANs; 4) Intramural AI/AN**:** Intramural programs whose purpose is to primarily or substantially benefit AI/ANs such as costs associated with CDC staff or contractors assigned to AI/ANs-focused programs; and, 5) Indirect AI/AN: Service programs where funding for AI/ANs can reasonably be estimated from available data on the number of AI/ANs served (includes only CDC's National Center for Health Statistics [NCHS] and the Vaccines for Children Program [VFC]) Substantial increases between FY 2005 and FY 2006 reflect a larger VFC budget for new vaccines.





In the future, it was suggested that the CDC AI/AN Resource Allocation Portfolio be analyzed so that resource allocations are stratified by categorical programs (e.g., diabetes, cancer, smoking, HIV/AIDS, etc.) that are of high priority to Indian country; and stratified geographically (e.g., by IHS Areas or HHS regions). This information could be shared at regional consultation sessions so more tribal leaders have the opportunity to interact and dialogue with the Senior Tribal Liaisons and other senior agency leaders.

Dr. Bryan shared that NCHHSTP is working with IHS and providing technical assistance on a number of fronts. Together, IHS and CDC have recently released a new report, the *Indian Health Surveillance Report on Sexually Transmitted Diseases 2004.* Dr. Bryan also shared that CDC is releasing "QuickStats" from the National Center for Health Statistics, which provide brief overviews on major issues e.g., Adolescent Death Rates by Race/Ethnicity and Sex. Dr. Bryan shared information about an internal ad hoc workgroup called the CDC Tribal Pandemic Influenza Preparedness Work Group. This workgroup was established by OMHD to facilitate internal communications and information-sharing about pandemic influenza preparedness in AI/AN tribal communities. Some specific activities include the following: provide subject matter expertise to the CDC Pandemic Influenza Coordinating Group and its functional area teams, ensure that information and guidance specific to avian influenza is available to tribal and Alaska Native communities, assist in coordinating tribal pandemic flu preparedness activities with the IHS, and monitor pandemic influenza preparedness activities at CDC to ensure compliance with CDC and HHS TCPs.

Dr. Bryan also provided information about the establishment of the CDC Tribal Public Health Law Work Group, which is made up of CDC staff and representatives from AI/AN tribes and organizations. The Work Group is currently planning the Tribal Forum on Legal Foundations for Public Health Practice in Indian country for May 17 - 18, 2007 in Anchorage, Alaska. It is intended that the Forum will be a working meeting of tribal, state, and federal public health professionals and consultant legal experts to discuss the current status of public health legal preparedness in Indian country.

ATSDR Budget – Ms. Leslie Campbell, ATSDR/Office of Tribal Affairs (OTA), provided a brief overview of the ATSDR budget in terms of direct and indirect funding to tribes and reported that ATSDR has a total budget of $70 million. The direct funding provided to tribes in FY 06 was $218,000 or 13% of total awards; external funding that benefited tribes amounted to $2.1 million or 72% of the budget. Intramural funding was approximately $260,000 or 15% of the budget. Total funding for tribes was $1.735 million. Direct funding went to Gila River and two tribal colleges: Turtle Mountain Community College and Dine College. Extramural funding for AI/AN benefit went to Oklahoma State to work with tribes with Tar Creek Superfund, Alaska Dept of Health & Social Services and Great Lakes Health Effect Research Program.

Ms. Campbell and representatives from the EPA Region 8 presented information about a Community Environment Health Summit for Tribal Children being planned. She provided an overview of the Summit and indicated that ATSDR had been approached by the EPA seeking assistance to link to tribes for input. TCAC members were very interested in hearing about the summit to address community environmental health and as a result recommended that TCAC

write a letter to the EPA recommending that this Summit be a collaboration of all the EPA regions in addressing this issue in Indian country.

CDC Health Protection Goals – CAPT Mike Snesrud, OD/OSI/OMHD, provided an update about the CDC Health Protection Goals. CDC is transitioning its strategic orientation in many areas. It is moving from a disease orientation to a health protection focus, from an emphasis on clinical prevention to focus on the continuum of prevention and health protection actions, and moving from working in isolation or in silos to working on cross-cutting teams with different partners internally and externally. The integration and implementation of CDC's Health Protection Goals accelerated dramatically during FY 2006. CDC went from developing and refining these overarching goals to creating tangible and applicable goal plans. The Goal Action Plans being developed will guide selection of agency priorities and consideration of funding for accelerating greater health impact. The Goal Action Plans will provide the vehicle for CDC to inventory its current activities, align and create new strategies and objectives, and assess unmet needs. Part of the prioritization will be looking at immediate and high-impact activities that can help accelerate greater health impact. A working definition of "achieving greater health impact" includes increasing health of large and diverse populations, reducing or eliminating health disparities, accelerating adoption of healthy behaviors, and achieving greater efficiency of core public health infrastructure.

CAPT Snesrud said that a series of eight meetings were held in the fall of 2006 that helped CDC collect input on the goals process through engagements with partner organizations and the public. The AI/AN Public Engagement held on October 13th was the only one specific to a community and reflects CDC's commitment to respect tribal sovereignty. The Partners Task Force on Objectives, an outside group of experts from partner organizations, helped oversee the process of obtaining this input and then summarized and interpreted the information collected. The taskforce produced the *Report of the Partners' Task Force on Objectives* in December 2006 analyzing information from the engagement process. Ms. Bohlen, the Executive Director of NIHB, brings tribal concerns and perspectives to this Task Force.

CDC Goal Teams, in conjunction with agency leadership, will continue to develop, refine, and update the goal action plans throughout the year, and leadership will use these plans for the health impact planning process that links CDC's programs with budgeting and with performance measurement. CDC, through the Office of Strategy and Innovation and its Financial Management Office (FMO), is interested in working with the TCAC to determine a process to get tribal input reflected in goals, strategies, actions, measures, budget guidance, and influencing budget decisions. CDC Leadership in FY 2006 supported a refocus of science and programmatic resources into activities most likely to accelerate achievement of CDC's health impact goals. CDC's leadership will continue do this in FY 2007 and will encourage innovative and creative ideas and promote collaboration across CDC and with partners. The challenge is to work together to increase partnerships resulting in greater impact in addressing public health issues in Indian country. The second CDC Leaders to Leaders Meeting is scheduled for March 27 and 28, 2007 in Atlanta, GA when CDC external partners will have the first opportunity to review and provide input on the Goal Action Plans. TCAC recommended that CDC ensure that the TCAC, NIHB, Direct Service Tribes, Tribal Self-Governance Advisory Committee, National Tribal Environmental Council, and the National Council on Urban Indian Health are all on the master list for the Annual CDC Leaders to Leaders Conference.

CAPT Snesrud reviewed the CDC budget summary that was presented during the last TCAC meeting by FMO. She encouraged TCAC to work with CDC to understand the overall budget, the current allocations to AI/AN tribes and organizations, and to devise a process to influence the budget formulation. TCAC recommended that CAPT Snesrud work in partnership with the National Indian Health Board to develop a process to assure ongoing communication of important information, funding and training opportunities, major issues, and updates on CDC responses and actions to tribal stakeholders.

Addressing Priority Risk Behaviors Among AI/AN Youth – Ms. Holly Conner, Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), presented an overview of her division. Its mission is to prevent the most serious health risk behaviors among children, adolescents, and young adults; the budget is approximately $55 million. They currently fund 23 states to help schools implement the Comprehensive School Health Program to Prevent Chronic Disease Risks. They have a number of CDC Data Sources including *Youth Risk Behavior Survey-2005, School Health Policies and Programs Study – 2006*, and *School Health Profiles – 2006*. DASH provides technical assistance in the administration of the Youth Risk Behavior Survey in Bureau of Indian Education and Navajo School. In the future, they are proposing that tribal entities be included as eligible applicants in State and Local Education Agency program announcements. They plan to communicate the urgency of addressing risk behaviors among AI/AN adolescents. They also plan to summarize and synthesize the literature of school-based risk behavior prevention interventions targeting AI/AN adolescents. It was determined that the relationship between TCAC and DASH needs to be strengthened.

Response from Dr. Gerberding to Chairwoman Holt's Letter - Chairwoman Holt wrote a letter regarding the elimination of funding for Sexually Transmitted Disease (STD)-related disparities in tribal communities to Dr. Gerberding. Chairwoman Holt indicated that she was not happy with the response that funding would not be restored. Holly Conner indicated that this would be addressed through another cooperative agreement in some manner.

January 31, 2007 - Chairman Keel welcomed everyone back for the second day of the meeting and offered the day's blessing.

Public Health Preparedness Update – Ms. Susan True, Division of State and Local Readiness (DSLR)/ Coordinating Office of Terrorism Preparedness and Emergency Response (COTPER), provided an update of the Public Health Emergency Preparedness Program (PHEP) which is now in Budget Period 2 of its second five-year project period. Funding for PHEP is done in five-year cycles. The Pandemic and All-Hazards Preparedness Act has just been reauthorized. Currently the continuation guidance for grantees is being written for Budget Period 8 (FY 2007). The draft guidance is expected to be released in February 2007 with the final version pending. The Pandemic Influenza Phase 3 funding is being rolled into Budget Year 8 so that there will be only one application for grantees to complete for both all-hazards preparedness and pandemic influenza funding. A competitive pandemic influenza opportunity will be made available to existing grantees. Within the competitive opportunity, there are six topics that may be pursued; one of these areas addresses increasing the public health emergency preparedness of at-risk populations, including AI/ANs, by working with them or those who serve or represent them to initiate evidence-based interventions. Ms. True strongly suggested that tribes identify their state and CDC points of contact for emergency preparedness and response and that tribal leaders articulate their need and right to collaborate with states to address issues and concerns important

to AI/AN communities and people. The grantees have an Interim Progress Report due mid-April 2007 that includes a section in which states discuss in narrative format how they are working with tribes, and provide evidence of the concurrence of tribes with public health emergency preparedness plans and the distribution of dollars to local entities. Tribes will have an opportunity to learn how states report they are working with the tribes. CDC will facilitate increased collaboration and partnerships.

TCAC and AI/AN tribes continue to be concerned that PHEP funding from CDC goes primarily to states and that tribes are not eligible for direct funding. TCAC articulated that even with the stronger language that appeared in the recent program announcement for the supplemental pandemic influenza funding, in many situations tribes have not been involved in the planning or implementation of activities that directly impact them even though the states have communicate to CDC that they have been. TCAC communicated that tribes feel they have limited to no access to resources to build tribal capacity and preparedness. Ms. True shared that DSLR has identified tribal issues as a priority and has formed a team to enhance the ability of CDC and its grantees to work more effectively with the tribes. As a result of consulting with specific tribes and the TCAC, DSLR has implemented several measures to hold states more accountable and assist tribes to benefit directly and indirectly from resources allocated.

CDC and IHS Partnerships – Dr. Ralph Bryan, OD/OSI/OMHD and Dr. Nat Cobb, IHS Division of Epidemiology and Disease Prevention (DEDP), discussed the collaborative partnership between CDC and IHS to maximize resources to address public health issues. Dr. Bryan introduced many of the CDC staff assigned to the IHS Division of Epidemiology and Disease Prevention (DEDP) in Albuquerque and CDC staff from the Division of Diabetes Translation (DDT) who are also located in Albuquerque at the CDC National Diabetes Program.

Dr. John Redd, a Medical Epidemiologist with CDC's Division of Viral Hepatitis, NCHHSTP, who also serves as Chief, Viral Hepatitis and Liver Disease Section for DEDP/IHS, provided an overview of projects underway that address liver disease, viral hepatitis, and HIV. He described a number of collaborative projects between CDC, IHS, and tribes/tribal organizations that focus on monitoring and preventing these diseases in Indian country.

Ms. Amy Groom, a Public Health Advisor and Epidemiologist with CDC's Immunization Services Division, NCIRD, who also serves a the IHS Immunization Program Manager, provided an overview of immunization activities, including IHS efforts regarding pandemic influenza planning and the IHS Quarterly Immunization Reports. She also discussed studies underway by CDC and IHS to assess childhood, adolescent, and adult immunization coverage among AI/ANs, particularly to help determine where disparities may exist.

Ms. Cecile Town (*Yakama/Choctaw)*, a Research Officer with CDC's Immunization Services Division, NCIRD, who also serves as the IHS Immunization Registry Coordinator, described State-based Immunization Information Systems (IIS) that work to consolidate immunization information into one reliable source. IHS and many tribal facilities have a parallel system for immunization tracking. Currently IHS, CDC, and the states are working to use data exchange software to help ensure that IISs accurately and completely monitor immunization coverage among AI/AN children.

Ms. Melissa Jim (*Navajo*), an Epidemiologist with CDC's Division of Cancer Prevention and Control, NCCDPHP, who also serves as an epidemiologist for the IHS cancer group, gave an

overview of the National Program of Cancer Registries, which it has been administered by CDC since 1994, and the National Cancer Institute (NIH)-sponsored SEER program (Surveillance, Epidemiology, and End Results). Ms. Jim and colleagues are helping to match records from the IHS user population with state registries to correct racial misclassification – a process which often results in substantially increased numbers of AI/AN persons being included with corresponding increases is estimates of AI/AN cancer incidence rates. They plan to publish results of this work as a monograph in the journal *Cancer* and as part of the *Annual Report to the Nation* on cancer -- the latter with a special section on cancer in the AI/AN populations. Ms. Jim and colleagues are using a similar approach to help correct racial misclassification in death registry data.

CDC/ATSDR Budget Briefing -- Mr. Robert Curlee, FMO, joined the TCAC meeting by telephone to update TCAC on CDC's budget. He shared that Congress is working with a Continuing Resolution (CR) that they expect to operate under for this whole fiscal year. This CR will mean level funding with last year. The FY 2008 CDC budget will be made available to TCAC when it is publicly released by the Secretary of HHS and Dr. Gerberding. The outlook for FY 2007 includes minimal program increases with an emphasis on pandemic influenza, emerging infectious diseases, Rapid HIV testing, immunization, and preparedness. TCAC discussion raised the concern about the amount of resources spent in preparedness planning and how this often does not filter down to most vulnerable communities. TCAC here again raised the concern about CDC fully supporting the TCAC and other consultation activities of the agency. They felt empowered to speak and provide recommendations, but want assurances that OD will provide adequate staff resources to follow-up in assisting the agency to address those recommendations for all of Indian country. The Committee also raised the need for CDC to consider a tribal set-aside and line item in the budget to fund tribal programs. Mr. Peercy offered to develop a short concept paper to further define this proposal. TCAC wants to continue discussions with FMO to establish guidelines and a timeline to allow tribal stakeholders to provide annual input into the CDC budget formulation process. TCAC further suggests that CDC should monitor and track where tribal recommendations have influenced CDC priorities and goal process, and have enhanced tribal access to CDC resources.

TCAC Action Items and Recommendations & Future Meetings - The TCAC reviewed the action items and recommendations identified for both days. There was also discussion as to when and where future meetings would be scheduled. Chairwoman Holt recommended that Dr. Gerberding be asked to fully fund TCAC and assures that the TCP is fully implemented within CDC to act upon its commitment and obligation to fully implement the procedures of the CDC/ATSDR Tribal Consultation Policy (TCP) by assuring that adequate staff and resources are available within the Office of the Director to support TCP implementation and responding in a timely and effective manner to the recommendations made by TCAC. TCAC reiterated their previous high priority recommendation to CDC to expand efforts to ensure that funds currently awarded to state health departments through CDC cooperative agreements are appropriately benefiting AI/AN people in those states. It was suggested by CDC staff that the next meeting be held at CDC in Atlanta, GA to capitalize on the opportunity for CDC senior leadership to consult and dialogue with the TCAC and other tribal leaders. It was suggested that NIHB work with CAPT Snesrud/OMHD to prepare a budget for TCAC and consultation activities for next year. Ideally, setting meeting times well in advance will be beneficial to CDC and tribal leaders and assure ample planning can go into each meeting to achieve desired outcomes. TCAC did express the desire to plan a whole public health day for the next NIHB Consumer's Conference and to

schedule a TCAC meeting to occur simultaneously. It was noted that Annual Consumer Conference was scheduled for September 24-28, 2007 in Portland, OR.

Engagement of TCAC in ATSDR's Evaluation of the Office of Tribal Affairs (OTA) and Expert Panel – CAPT William Cibulas, PhD, Director, Division of Health Assessment and Consultation/ATSDR, Ms. Leslie Campbell, Interim Tribal Coordinator and Ms. Kris Larson, DHAC/ATSDR, described ATSDR's plans to convene an expert panel to review and discuss past accomplishments of their OTA immediately following the TCAC meeting, but they also wanted to fully involve and gain TCAC's input in this process. ATSDR was specifically interested in addressing two questions with TCAC as part of their research process: 1) what environmental health issues should be addressed by OTA? and 2) what environmental health programs TCAC members have found to be beneficial? TCAC members were asked to brainstorm and share their feelings and opinions. A number of issues were raised in the resulting discussion that will become part of the report of the Expert Panel that will help ATSDR to be responsive to recommendations from across Indian country.

TCAC adjourned at 3:30 p.m.